FORM D

SECURIO SECURIO DE LA COMPANSION DE LA C

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

378694

OMB APPROVAL

OMB Number: 3235-0076

Expires: May 31, 2008
Estimated Average burden hours per form 16.00



V									
Name of Offering: Pequot New River Fund, I	P. – Offering of Lin	nited Partnership Inc	erests						
Filing Under (Check box(es) that apply):	Rule 504	☐ Rule 505	Rule 506	☐ Section 4(6)	☐ ULOE				
Type of Filing:	New Filing	☐ Amendment							
	A. BA	ASIC IDENTIFICAT	TION DATA						
1. Enter the information requested about the iss	uer								
Name of Issuer (check if this is an ame	ndment and name has	changed, and indicate	e change.)						
Pequot New River Fund, L.P.									
Address of Executive Offices	(Number a	and Street, City, State	, Zip Code)	Telephone Number (Inclu	iding Area Code)				
500 Nyala Farm Road, Westport, Connecticu	t 06880			(203) 429-2200					
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)									
(if different from Executive Offices)									
Brief Description of Business				i					
To operate as a private investment fund					MUCESSED				
Type of Business Organization				112					
☐ corporation	☑ limited partners	ship, already formed	□ o	ther (please specify):	\CCT 2 3 2003				
□ business trust	☐ limited partners	hip, to be formed			THOMSON				
Actual or Estimated Date of Incorporation or Organization: Month Year O 6 EActual Estimated									
Surisdiction of Incorporation: (Enter two-letter U.S. Postal Service Abbreviation for State: CN for Canada; FN for other foreign jurisdiction) D E									

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

	1 C 41 - C-1	A. BASIC IDENTI	FICATION DATA			
	n requested for the fo		. ~			
		nas been organized within the pa		6 1 .6		isi afsha iaaa
		o vote or dispose, or direct the v				indes of the issuer,
 Each executive office 	er and director of cor	porate issuers and of corporate	general and managing partners	of partnership issue	rs; and	
Each general and ma	naging partner of par	tnership issuers.		<u> </u>		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	<u> </u>	General and/or Managing Partner
Full Name (Last name first, if it						
Pequot New River GP, L.L.C. Business or Residence Address		City State Zin Code)				
500 Nyala Farm Road, Westp		Beneficial Owner	Executive Officer	☐ Director		General and/or
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Managing Member	Director	_	Managing Partner
Full Name (Last name first, if in	ndividual)					
•	•					
Samberg, Arthur J. Business or Residence Address	(Number and Street	, City, State, Zip Code)				
500 Nyala Farm Road, Westp Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director		General and/or
Check Box(es) that Apply.	- Homotei	Denoncial Owner				Managing Partner
Full Name (Last name first, if in	ndividual)					
Business or Residence Address	(Number and Street	, City, State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or
						Managing Partner
Full Name (Last name first, if in	ndividual)				•	
Business or Residence Address	(Number and Street	, City, State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or
						Managing Partner
Full Name (Last name first, if ir	idividual)					
Business or Residence Address	(Number and Street	, City, State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
T. II No. (I not name first if in	dividual)					Wanaging Lature
Full Name (Last name first, if in	idividuai)					
Business or Residence Address	(Niverhoused Street	City State 7in Code)				
Business or Residence Address	(Number and Sueet	, City, State, Zip Code)				
				Director		General and/or
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		Managing Partner
Full Name (Last name first, if in	dividual)					
	, , , , , , , , , , , , , , , , , , ,					
Business or Residence Address	(Number and Street	, City, State, Zip Code)				
- Addition of Leading Lines and						
	(Use blan	nk sheet, or copy and use additi	onal copies of this sheet, as nec	cessary.)		
	(334 314)	,	•			
		B. INFORMATION	ABOUT OFFERING			

													Y es	NO NO
1.	Has the issue	sold, or de	oes the issue	er intend to									🗆	ΙΔΙ
					Answer	also in App	pendix, Col	umn 2, if fi	ling under l	JLOE.				
_	What is the m	inimum in	vastment th	ot will be a	scented fro	m anv indiv	ridual?						\$ <u>1,000,</u>	000
2.	*(The minim	um comm	itment by	at will be at an individu	al investor	is subject	to waiver	by the Gen	eral Partn	er in its dis	cretion).		Yes	No
3.	Does the offer	ring nermi	t ioint owne	rship of a si	ingle unit?.	,							X	
3. 4.	Enter the inf	ormation r	equested fo	r each ners	on who h	as been or	will be pai	d or given	. directly o	r indirectly	, any com	mission or	similar remur	neration for
4.	solicitation or registered wit a broker or de	f purchases h the SEC	rs in connect and/or with	ction with s a state or s	ales of sec tates, list t	curities in the he name of	he offering. the broker (or dealer. I	on to be lis	ted is an a	ssociated p	erson or ag	CIIL OI a DION	of dealer
Full	Name (Last na	me first, if	individual)											
NO	NE													
	ness or Reside	nce Addres	s (Number	and Street,	City, State,	Zip Code)								
Nam	ne of Associate	d Broker o	r Dealer											
14411	C OI 7155001ato	a Broker o	. 200.0.											
Chin	es in Which Per	man Listad	Has Calisit	ad or Inten	de to Solici	t Purchasers								
State													🗖 All S	totos
	(Check "All S					[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	iaics
	[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full	Name (Last na	me first, if	individual)											
Busi	ness or Reside	nce Addres	s (Numbe	r and Stree	t, City, Sta	e, Zip Code	:)							
Nan	ne of Associate	d Broker o	r Dealer											
State	es in Which Per	son Listed	Has Solicit	ed or Inten	ds to Solici	t Purchasers	5					-		
	(Check "All S	tates" or c	heck individ	lual States)									🗖 All S	tates
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
F11	[RI] Name (Last na	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[wi]	[44.1]	[1 15]	
ruii	name (Last na	ine msi, n	ilidividuai)											
			011.		City State	o Zin Code							· · · · · · · · · · · · · · · · · · ·	
Busi	ness or Resider	ice Addres	s (Numbe	r and Street	i, City, Stat	e, Zip Code	5)							
Nam	ne of Associated	l Broker of	r Dealer											
State	es in Which Per	son Listed	Has Solicit	ed or Intend	ds to Solici	t Purchasers	S							
	(Check "All S	tates" or c	heck individ	lual States)									🗖 All S	tates
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[WV]	[WI]	[WY]_	[PR]	
	LICI)	[OC]		- 11		<u> </u>			Cd: -1		>			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price (1)	Amount Already Sold (2)
	Debt	\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$ 200,000,000	\$ <u>200,000</u>
	Other (specify)	\$	\$
	Total	\$ <u>200,000,000</u>	\$ <u>200,000</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number investors(2)	Aggregate Dollar Amount of Purchases (2)
	Accredited Investors	3	\$ <u>200,000</u>
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)	N/A	\$ <u>N/A</u>
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering		Dollar Amount
	Type of offering	Type of Security	Sold
	Rule 505	N/A	\$ <u>N/A</u>
	Regulation A	N/A	\$ <u>N/A</u>
	Rule 504	N/A	\$N/A
	Total	N/A	\$ <u>N/A</u>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	X	\$ <u>0</u>
	Printing and Engraving Costs	X	\$_5,000
	Legal Fees	X	\$_60,000
	Accounting Fees	X	\$_5,000
	Engineering Fees.	X	\$_0
	Sales Commissions (specify finders' fees separately)	X	\$ <u>0</u>
	Other Expenses (identify) (marketing; travel; regulatory filing fees)	X	\$ <u>5,000</u>

(1) The Issuer is seeking \$200 million in aggregate capital commitments, although the General Partner, in its sole discretion, may accept additional commitments.

(3) Estimated to reflect initial costs only.

⁽²⁾ The number of investors and the total amount sold may reflect U.S. and non-U.S. investors.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

indicate below the amount of the adjusted gross the purposes shown. If the amount for any purposes shown.	and to be used for each of	d o \$ <u>199,925,000</u>			
orth in response to Part C - Question 4.b above.	listed must equal the adjusted gross proceeds to the issuer set				
	·	Payments to Officers, Directors, and Affiliates	Payments to Others		
alaries and fees		区 \$_(4)	□ \$		
urchases of real estate		\$			
urchase, rental or leasing and installation of ma	chinery and equipment	□ \$	S		
onstruction or leasing of plant buildings and fa	cilities	□ \$	\$		
consistion of other businesses (including the va	lue of securities involved in this offering that		□ \$		
epayment of indebtedness		□ \$	□ \$		
Orking capital		□ \$	□ \$		
ther (specify): INVESTMENTS		□ \$	× \$199,925,000		
olumn Totals		⊠ \$ <u>(4)</u>	区 \$ <u>199,925,000</u>		
otal Payments Listed (column totals added)		X _\$	199,925,000		
e Investment Manager, an affiliate of the Issue ions of the management fees.	r, will be entitled to receive management fees. The Issuer's conf	idential offering mater	ials set forth detailed		
	D DEDEDAL CICNATURE				
ertaking by the issuer to furnish to the U.S. Sec	the undersigned duly authorized person. If this notice is filed unurities and Exchange Commission, upon written request of its sta	der Rule 505, the follo ff, the information fur	wing signature constitutes nished by the issuer to any		
Print or Type)	Signature	Date			
New River Fund, L.P.		9/	29/06		
of Signer (Print or Type) quot New River GP, L.L.C as its General r yeh Davis, Attorney-in-Fact on behalf of	Title of Signer (Print or Type) Managing Member				
	urchases of real estate	construction or leasing and installation of machinery and equipment	Affiliates alaries and fees		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

						Yes	No
1.	Is any party described in 17 CFR 230.262 prese	ntly subject to any of the disc	qualification provis	ions of such rule?			
		See Appendix, Column 5, fo	or state response.	NOT APPLICABLE			
2.	The undersigned issuer hereby undertakes to fu such times as required by state law.	mish to any state administra	tor of any state in	which this notice is filed	, a notice on Form	D (17 CFR	239.500) a
3.	The undersigned issuer hereby undertakes to fur	mish to the state administrato	ors, upon written re	quest, information furnis	hed by the issuer to	o offerees.	
4.	The undersigned issuer represents that the issu (ULOE) of the state in which this notice is filed conditions have been satisfied. NOT A	er is familiar with the condit and understands that the issu PPLICABLE	tions that must be uer claiming the av	satisfied to be entitled to all ability of this exemption	o the Uniform limon has the burden	ited Offering of-establishi	-Exemption ng that these
The pers	issuer has read this notification and knows the coson.	ontents to be true and has duly	y caused this notice	e to be signed on its beha	If by the undersign	ed duly auth	orized
Issu	er (Print or Type)	Signature			Date		
Peq	uot New River Fund, L.P.	V			9/6	79/06	
By:	Pequot New River GP, L.L.C as its neral Partner	Title (Print or Type)					
Bv:	Arveh Davis. Attorney-in-Fact on behalf	Managing Member					

E. STATE SIGNATURE

of Arthur J. Samberg

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

					APPENDIX					
1	T	2	3			4			5	
	to non-a	to sell accredited is in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	\$200,000,000 aggregate dollar amount of Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA										
СО										
СТ		x	See Above	2	\$110,000	N/A	N/A	N/A	N/A	
DE				·						
DC					<u> </u>					
FL										
GA						,				
HI										
ID										
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MD										
MA										
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MN										
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МО										
MT										
NE					-					
NV										

APPENDIX										
1	T	2	3			4	· 	<u> </u>	5	
	to non-a	d to sell accredited is in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	\$200,000,000 aggregate dollar amount of Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
NH										
NJ										
NM										
NY		x	See Above	1	\$90,000	N/A	N/A	N/A	N/A	
NC										
ND										
ОН										
OK				· · · · · · · · · · · · · · · · · · ·						
OR										
PA ·			. , .			} [/*:				
RI				•		: Austria				
SC										
SD				: 						
TN		-		<u>.</u>						
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WI				, ,						
WY										
PR										